

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550

OFFICE USE ONLY		
Date Received:	Permit No.:	
Date Issued:	By:	
	Payment Type:	

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TYPE OF WORK		REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed.	
Addition/alteration/replacement	Other:	Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on	
CATEGORY OF	CONSTRUCTION	this application. Valuation	
☐ 1- and 2-family dwelling	☐ Commercial/industrial	Number. of bedrooms:	
☐ Accessory building	☐ Multi-family		
☐ Master builder	Other:	Number of bathrooms:	
JOB SITE INFORMATION AND LOCATION		Total number of floors:	
Job site address:		New dwelling area: square feet	
City/State/ZIP:		Garage/carport area: square feet	
Suite/bldg./apt. no.:	Project name:	Covered porch area: square feet	
Cross street/directions to job site:		Deck area: square feet	
		Other structure area: square feet	
	T	REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,	
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work indicated on this application.	
DESCRIPTION	N OF WORK	Valuation	
		Existing building area: square feet	
		New building area: square feet	
		Number of stories:	
☐ PROPERTY OWNER	☐ TENANT	Type of construction:	
Name:		Occupancy groups:	
Address:		Existing:	
City/State/ZIP:	T	New:	
Phone:	Fax:	NOTICE	
E-mail:		All contractors and subcontractors are required to be licensed with	
☐ APPLICANT	☐ CONTACT PERSOI	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is	
Business name:		being performed. If the applicant is exempt from licensing, the following reasons apply:	
Contact name:		coloning reacons apply.	
Address:			
City/State/ZIP:			
Phone:	Fax:		
E-mail:			
CONTRACTOR		BUILDING PERMIT FEES*	
Business name:		Please refer to fee schedule	
Address:		Fees due upon application	
City/State/ZIP:		Amount received	
Phone:	Fax:	Date received:	
CCB lic.:		This permit application expires if a permit is not obtained	
Authorized signature:		within 180 days after it has been accepted as complete	
Print name:	Date:	* Fee methodology set by Tri-County Building	

Industry Service Board

Form B70-1001 REV 11/19